

## **Written evidence submitted by the Institute of Health Promotion and Education (IHPE)**

The Institute welcomes this opportunity to contribute to this enquiry. There are strong and irrefutable reasons for doing PSHE education in schools besides the statutory aims for education to which this subject significantly contributes.

### **Executive Summary**

The need to combat obesity, smoking, alcohol, drugs and accidents alone underpin the need for effective PSHE education including SRE as part of the ambition for Preventable Years of Life Lost (PrYLL) and the priorities for children and young people set out by Public Health England.

Research and studies over the last seven years such as Tellus (DCSF), Bullying (Goldsmiths), Smoking Drugs and Alcohol (NatCen), Nottingham Life Skills Programme and Alcohol intervention (NFER) demonstrate the importance and value of PSHE. Studies have also shown the impact that effective PSHE learning can have on GCSE results especially for the underprivileged.

Ofsted has shown a correlation between the grades achieved for overall effectiveness of schools and PSHE.

Young people want high quality PSHE taught by confident, well trained PSHE teachers.

Interventions for health topics in a controlled study by DeCIPHER demonstrate high levels of effectiveness for the interventions used.

Schools must be seen as settings for high quality PSHE and SRE to make improvements to children and young peoples' health and wellbeing and PrYLL)

### **Evidence**

01 According to available data, more than one in four adults are obese; smoking causes 1 in 5 of male deaths; 6 percent of all hospital admissions are alcohol related; there are over 320,000 problem drug users; accidents kill around 14000 people a year across the UK, accidents resulting in hospital admissions following an accidental injury have been rising by 5 percent annually whilst accidental injury among under 15s results in over 2 million visits to A&E each year costing £416m (Rospa 2012). It is essential that schools as settings for health promotion recognise through their activities across and beyond the curriculum their potential to impact upon Preventable Years of Life Lost (PrYLL) outcomes and Public Health England priorities for children and young people.

02 However, in education we have a serious problem in as much as there is very little research into the effectiveness and success of educational interventions on children and young peoples' lives. Other than empirical research undertaken as part of major projects on smoking, alcohol and drugs, very little is known about the wider impact of PSHE education. Where data is available about young people it more often or not reflects their behaviour, use of substances and attitudes to issues that affect them. Much of the reporting is negative, misrepresented and sensational.

03 The Guardian Newspaper (2008) reporting on the TellUs 3 survey of 150,000 young people emphasised that 11 percent of young people had tried drugs by the age of 15 and of these 3 percent had tried hard drugs such as heroin or crack. This actually means that 89 percent didn't! We know that the majority of young people are well adjusted, responsible and sensible but take risks from time to time, which is part of the rite of passage from adolescence to adulthood.

Such sensationalism makes justifying the importance of PSHE education to politicians and government very difficult.

04 However, schools have a very important role, long recognised through the support in the last decade for the Healthy Schools Programme. The TellUs 4 survey shows that the majority of young people believe that they received helpful information about being healthy; 67 percent received helpful advice on healthy food and lifestyles; 62 percent received helpful advice on smoking and drugs whilst 58 percent received helpful advice on alcohol (TellUs 4 2009), and neither does it follow that those young people not responding did not receive helpful advice.

05 The NatCen surveys of 7,700 young people in 247 secondary schools in England about young people's smoking, alcohol and drugs use demonstrates that teacher interventions are significant

- Three fifths of pupils (11-15) recalled lessons about drugs in school
- 95% of those said it had helped them to think about the risks
- 80 % said it had helped them avoid drugs
- Pupils who were taught about smoking were less likely to smoke than those who weren't
- 72% said teachers were an important source of information

Pupils were *least* likely to have obtained helpful information from help-lines (NatCen/NHS 2010).

06 A survey of 1378 schools into the use and effectiveness of anti-bullying strategies in schools (Goldsmiths/DFE 2011) noted that whole school approaches to tackling bullying were seen to provide a solid foundation for anti-bullying strategies and were used by most schools with moderate effectiveness. However, PSHE education was unanimously rated as having a positive effect in preventing bullying. PSHE education provided the opportunity to have '*valuable discussions*' about bullying and anti-bullying work. A deputy head teacher in a case study primary school attributed the success of school's good record on bullying to a robust PSHE education curriculum: '*It's the most effective way of informing the children about bullying*'. PSHE education

was the main way of delivering anti-bullying work through the curriculum, particularly concerning relationships’.

07 Media sensationalism makes any sensible commentary on sex and relationships education very difficult, particularly when it is more often than not, driven by right wing groups who capture media headlines with outrageous and unsubstantiated claims that sex education ‘promotes promiscuity’, or undermines moral values through the use of ‘pornographic literature’ (Christian Institute 2011). The reality is somewhat different. The Christopher Winter Project (2009) working in Hackney has shown a 27 percent drop in teenage pregnancy rates over the past 10 years whilst 53 percent of young people said they received helpful advice on sex and relationships in school. Education has the biggest single impact on conception rates (DCSF2006). *Young people who leave school with qualifications are less likely to have early intercourse, more likely to use contraception and avoid unplanned pregnancy’* (Wellings K. 2001).

07.1 Recent work undertaken in Shropshire using the locally produced relationships and sex education resource *Respect Yourself* (Crutwell 2012) for use with years 6-11 showed that children and young people had significantly increased their confidence, knowledge and networks of support’.

07.2 It is also worth remembering that teenage mothers are less likely to finish their education, and more likely to bring up their child alone and in poverty, an issue well understood in Nottingham where this issue has been tackled. The Nottingham Life Skills programme shows that PSHE education gave gains, not only in knowledge around sex education but also gave young people confidence and skills including managing risk and money. As one young person reported; *in our class as soon as anybody mentioned sex and relationships, people were giggling, but now they are more chued up about it, they are more mature* (NFER 2010)

08 In order to be targeted and effective schools need to use approaches that not only match the needs of their pupils but also draw upon evidence of what works in bringing about changes in lifestyles and behaviour. An example of such an approach can be drawn from the Alcohol Education Trust’s *Let’s Talk About Alcohol Programme* (AET 2011) for secondary schools which was evaluated by the National Foundation for Educational Research. The 2 year evaluation followed 4000 pupils in 30 schools over 2 years. As a result of the intervention,

08.1 ‘Significantly fewer students who had received the intervention had ever had an alcoholic drink by the end of year 9 compared to students who had not received the intervention (49 compared with 63 per cent). This suggests that the intervention as part of PSHE is having an impact on delaying the onset of drinking for this age group. Students who had received the intervention scored significantly higher on questions assessing their knowledge about alcohol and its effects than the comparison students’ (Lynch et al 2013).

9.0 Schools and teachers have an important role in helping young people into post 16 education, training and employment. The CBI has previously commented (NESS 2010) that in addition to literacy and numeracy, parents and employers want young people who are healthy, able to form good relationships, willing to take responsibility, work in teams and respect others, manage risk, problem solve and be resilient, key outcomes for PSHE education.

10.0 The link between high quality PSHE education and attainment has long been recognised but not easily explained other than in terms of provision and teaching and learning as described by Ofsted (2010); outstanding schools invariably have good or outstanding PSHE education. However, research by the Joseph Rowntree Foundation (2010) really does underpin the need for effective PSHE education if young people are to achieve their potential. The research indicated that;

Young people are more likely to do well at GCSE if they;

- have a greater belief in their own ability at school
- believe that events result primarily from their own behaviour and actions
- finds school worthwhile
- thinks it is likely that they will apply to, and get into higher education
- avoid risky behaviour, smoking, cannabis use, anti-social behaviour, truancy, suspension and exclusion
- do not experience bullying

10.1 A study from the University of the West of England (2012) of more than half a million pupils found that young people who passed CoPE (Certificate of Personal Effectiveness) raised their chances of achieving A\* to C grades in English by 10% and achieving five A\* to C grades including English and maths by 5%. The impact was most significant on those in less privileged educational groups. The findings show that CoPE can have a significant impact on student achievement in these academic qualifications.

10.2 Researchers found the course engaged and motivated young people, and gave them the learning skills required to improve their results in core subjects. CoPE was found to particularly benefit those who had low attainment in English at age 14, almost doubling the pass rate by age 16, with an estimated 21% gaining A\* to C compared to only 11.5% of other pupils. In particular, young people from Black and Minority Ethnic communities with low KS3 attainment in English showed a remarkable 30 percentage point increase in their English GCSE results. SEN pupils improved their results by 10 percentage points and those eligible for free school meals actually outperformed their peers from more affluent households when also undertaking CoPE.

11.0 Ofsted (2103) reports that ‘there is a close correlation between the grades that the schools in the survey were awarded for overall effectiveness in their last section 5 inspection, and their grade for PSHE education. All but two of the schools graded outstanding at their last section 5 inspection were also graded outstanding for PSHE education and none were less than good’. This fits well with the findings of a recent Department for Education research report (DfE 2012) which states that:

*‘Children with higher levels of emotional, behavioural, social and school well-being on average have higher levels of academic achievement and are more engaged in school, both concurrently and in later years.’*

12.0 Research by the PSHE Association (2009) suggests that young people themselves have to be part of the equation in making judgements about the impact of PSHE education on their lives.

*PSHE has made the change from primary to secondary school a lot easier, I was really scared but we had lessons on how to cope with change and who we could talk to if we were worried. PSHE made me settle into school a lot easier (Year 7 student).*

*I was experiencing bullying outside school and then I had a lesson on bullying in PSHE. The lesson showed me that I didn't have to put up with being treated like that and who I could talk to. It gave me courage to talk to someone about it (Year 9 student).*

*I enjoy PSHE because many of the topics are relevant to our everyday lives. We develop the skills to deal with difficult situations and are better equipped to make the right choices (Year 11 student).*

13.0 Researchers at DECIPHer, in collaboration with international experts, set out to review the best evidence available worldwide to determine the effectiveness of the 'Health Promoting Schools' (HPS) approach. They conducted a Cochrane systematic review, the 'gold standard' method for reviewing intervention effectiveness and searched 20 health, education and social science databases, and trials registries and relevant websites, to find cluster randomised controlled trials that used this HPS approach. To be included in the review, interventions had to target all three HPS areas (curriculum, ethos/environment and family/community) and include students aged 4-18 years.

13.1 From the 48,551 records retrieved, 67 trials met the inclusion criteria, focussing on interventions concerned with a wide range of health topics including physical activity, nutrition, substance use (tobacco, alcohol, drugs), bullying, violence, mental health, sexual health, hand-washing, cycle-helmet use, sun protection, eating disorders and oral health.

13.2 From the 48,551 records retrieved, 67 trials met the inclusion criteria, focussing on interventions using the HPS approach were effective for the following important health outcomes: body mass index (BMI); physical activity and fitness; fruit and vegetable intake; cigarette use; and being bullied.

14.0 In conclusion as this paper suggests, we really do need more than just anecdotal evidence of the impact of PSHE education and evaluations of resources, no matter how good they are. The challenge is to provide up to date evidence of impact of PSHE education on children and young peoples' lives and show that we *are* making a difference to outcomes and PrYLL. Government and schools must rise to the challenge of ensuring that all pupils to receive a statutory, well planned, high quality PSHE including Sex and Relationships Education, taught by confident, and competent, enthusiastic and well-trained teachers.

To this end IHPE fully supports and endorses the submissions of the PSHE Association and the Sex Education Forum.

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